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Curcumin in Prostate Cancer

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13. ABSTRACT (Maximum 200 Words)

In prostate cancer, constitutive activation of NFkB and API, non-functional p53 and defective androgen receptor signaling together may play a role in rendering intrinsic resistance to radiation in prostate cancer. Many reports in literature have showed that Curcumin (diferulylmethane is a major chemical component of a curry spice, turmeric) is a potent inhibitor of prostate cancer cell growth. It was found that Curcumin inhibits $TNF-\alpha$ mediated activation of NFkB and down-regulates Bcl-2 expression. From this reported observation, we hypothesized that Curcumin will abrogated the upregulation of pro-survival genes by radiation. Our preliminary data demonstrated that Curcumin significantly inhibited the growth of androgen-independent prostate cancer cell line PC-3. In addition, Curcumin conferred significant enhancement of radiation-induced clonogenic inhibition and apoptosis in prostate cancer cell line PC-3. Interestingly, Curcumin also inhibited the radiation induced prosurvival factors such as NFkB activity and Bcl-2 expression. These results underscore the need to formally study the functional relevance of Curcumin in synergizing the effects of radiation in prostate cancer. Since the proposal was funded for two years and the PI was asked to drop aim 3 and request to resubmit the aims. Hence, the first aim is completed in the proposed time.

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Introduction

BACKGROUND

Prostate cancer is often resistant to radiation therapy. This intrinsic resistance may be due to several factors operation together including, constitutive activation of NFkB, AP1, and non-functional p53 along with defective androgen receptor signaling, high constitutive levels of cycloxygenase (COX-2) enzyme and inactivation of the tumor suppressor gene PTEN/MMAC. In wild-type p53 background, radiation often induces p53 that culminates in the up-regulation of Bax with a concomitant decrease in the level of Bcl-2 leading to cell death. On the other hand, in p53 mutant background, radiation causes induction of bcl-2 through activation of NFkB. Many reports in the literature have shown that curcumin (diferulylmethane) which is a major chemical component of a curry spice turmeric, is a potent inhibitor of prostate cancer cell growth. Curcumin is a natural dietary compound that is not consumed in USA, but is part of the daily diet in India. It is believed that chemoperventive effects of curcumin are responsible, at least in part, to the reduced incidence of prostate cancer in the area. It was found that curcumin inhibits TNF-α mediated activation of NFκB and down-regulates Bcl-2 protein expression. From this reported observation we hypothesized that curcumin will abrogate the up-regulation of pro-survival genes by radiation. Preliminary data from our laboratory demonstrated that curcumin conferred significant enhancement of radiation induced clonogenic inhibition and apoptosis in PC-3 cells, inhibiting growth of this androgen-independent prostate cancer cell line. In addition, curcumin inhibited the radiation induced prosurvival factors NFkB activity and Bcl-2 protein expression thus potentiating the effects of radiation treatment on prostate cancer cells. These results underscore the need to formally study the functional relevance of curcumin in potentiating the effects of radiation in treatment of prostate cancer.

HYPOTHESIS: Based on these observations, it is hypothesized that curcumin will inhibit the radiation-induced expression of NF κ B and bcl-2 in prostate cancer cells lacking of functional p53 abrogating the effects of the "Induced Radiation Resistance" (IRR) and enhance radiation induced apoptosis.

Study:

To test the above hypothesis, two specific aims were proposed:

- (1) Determine the effect of curcumin, with or without radiation, on the clonogenic inhibition, cell cycle phase and apoptosis of prostate cancer cell lines and;
- (2) Determine the molecular mechanism responsible for the curcumin mediated radio sensitizing effect by analyzing the pro-survival transcription factor activity (AP-1, NF_kB and AR activation) and associated target genes.

Aim 1 was completed in the first year using four prostate cancer cell lines (PC-3, DU-145, 22Rv-1 and LNCaP. The effect of curcumin on clonogenic inhibition and cell cycle phases, with and without radiation, were studied and correlated with apoptosis.

Results (included in this report) demonstrate that curcumin induces apoptosis in prostate cancer cells and acts as a radiation-sensitizer by inhibiting pro-survival genes induced by radiation. These findings support the need to complete the second proposed aim designed to study the kinetics of pro-survival transcription factor activity (AP1, AR and NF κ B) response to curcumin and in response to curcumin in combination with radiation treatments.

Following completion of Specific Aim 2, in-vivo studies in animals would be indicated followed by clinical trials in prostate cancer patients.

BODY

In this section a detailed description of the research accomplishment will be described as outlined in the approved task of work. The following tasks pertain to the first year of the grant period.

Background:

Many reports in the literature have shown that curcumin (diferulylmethane), which is a major chemical component of a curry spice, turmeric and imparts a yellow color to food, is a potent inhibitor of prostate cancer cell growth. Curcumin is a natural dietary compound that is not consumed in USA, but is part of the daily diet in India. It is believed that the chemo preventive effect of curcumin is responsible, at least in part, to the reduced incidence of prostate cancer in the area. It is known to inhibit a broad range of tumors as well as TPA-induced skin tumors in mice. It was found that curcumin inhibits TNF-α-mediated activation of NFκB and down-regulates bcl-2 expression. From this reported observation, we hypothesized that curcumin will abrogate the up-regulation of pro-survival genes by radiation. Preliminary data from our laboratory demonstrated that curcumin conferred significant enhancement of radiation-induced clonogenic inhibition and apoptosis in PC-3 cells, inhibiting growth in this androgen-independent prostate cancer cell line. In addition, curcumin inhibited the radiation induced prosurvival factors including NFκB activity and bcl-2 expression thus potentiating the effects of radiation treatment on prostate cancer.

<u>Purpose</u>: The present study is to investigate the radio-sensitizing effects of curcumin in prostate cancer cell lines.

TASK-1. Effect of curcumin in PC-3, DU-145, 22Rv1 and LNCaP/LN3 cells; Months 1-12

Dose response curves for curcumin and curcumin plus radiation will be generated for all the four prostate cancer cell lines. In response to these treatments, cell death will assayed by TUNEL staining and flow cytometry (Propidium Iodide staining). Cell cycle changes will be assessed by flow cytometry.

The response data on clonogenic inhibition and apoptosis will be compared with cell cycle changes. Months 1-12.

<u>Aim 1:</u> Effect of curcumin, with or without radiation, on clonogenic inhibition, cell cycle and apoptosis of androgen-dependent and androgen-independent prostate cancer cell lines.

Androgen status of prostate cancer cell lines in this study.

S.No	Cell lines	Origin	Androgen	Radiation
			Status	response
1	PC-3	Human Prostate carcinoma	Independent	Resistant
2	DU-145	Human Prostate carcinoma	Independent	Resistant
3	LN3/LNCaP	Human Prostate carcinoma	Dependent	Resistant
4	22Rv-1	Human Prostate carcinoma	Dependent	Sensitive

Results: Results of PC-3 are given in abstract form and these results are published in peer reviewed journal (*Oncogene*) and a copy of published article is enclosed herewith in Appendix II along with the figures.

PC-3

Compared to cells that were treated with curcumin alone (Fig-1 and Table-1) or irradiated alone (SF₂=0.635; D₀=231cGy) (Fig-2) (Table 1), curcumin at 2 µM and 4 uM concentrations in combination with radiation showed significant enhancement of radiation induced clonogenic inhibition (SF₂=0.224: D₀=97cGy and SF₂=0.080: D₀=38cGy) (fig-2) (Table 1) and apoptosis (Fig-3A & 3B). Curcumin caused a strong G₂/M block which is an important mitotic phase sensitive to radiation. Curcumin treated cells showed 32.55% of G₂/M block at 12 hours, 48.10 % at 24 hours, 42.75% at 48 hours and 35.89% at 72 hours. (Table-2) It has been reported that curcumin inhibits TNF-α induced NFκB activity that is essential for Bcl-2 protein induction. In PC-3 cells, radiation up-regulated TNF- α protein leading to an increase in NF κ B activity resulting in the induction of Bcl-2 protein. However, curcumin in combination with radiation treatment had shown inhibition of TNF-α mediated NFκB activity resulting in bcl-2 protein down regulation. Bax protein levels remained constant in these cells after radiation or curcumin plus radiation treatments, However, the down regulation of Bcl-2 with no changes in Bax protein levels in curcumin plus radiation treated PC-3 cells, together, altered the Bcl2:Bax ratio and this caused the enhanced radiosensitize effect. In addition, significant activation of cytochrome-c, caspase-9 and caspase-3 were observed in curcumin plus radiation treatments. Together, these mechanisms strongly suggest that the natural compound curcumin is a potent radiosensitizer that acts by overcoming the effects of radiation induced pro-survival gene expression in prostate cancer.

DU-145

Different concentrations of curcumin (2 μ M, 4 μ M and 5 μ M) enhanced the radiosensitize effect on DU-145 cells (Table 1) compared to curcumin alone (Fig-4) or radiation alone (Fig-5). In combination with radiation, curcumin induced a significant induction of apoptosis (31% at 24 h and 69% at 48 h) compared to radiation alone 4.1% at 24 h and 10.8% at 48 h) or curcumin alone (12% at 24 h and 23.08% at 48 h) (Fig-6). There were no significant changes observed in cell cycle assays for treatment with curcumin alone, radiation alone or incombination of curcumin and radiation. (Table-3)

22Rv1

As shown in Table one, 22Rv1 cells are very sensitive to curcumin (Do=1.97 μ M) (Fig-7) and radiation (SF₂ =0.29 and D_o= 1.86 Gy) (Fig-8). In clonogenic inhibition assays radiation and curcumin in combination, these cells even in lower concentrations showed more sensitivity compared to the other four cell lines (PC-3, DU-145, LN3 and LNCaP). In addition curcumin enhanced radiation induced apoptosis in 22Rv1 cells (Fig-9 & Fig-10). Interestingly, curcumin abrogated the radiation induced G₂/M block in 22Rv-1 cells (Table-4).

LNCaP

As we anticipated (already mentioned in the proposal), LNCaP cells were failed to form colonies, hence we used an MTT assay to detect the cytotoxic effect of curcumin in this cell line. Curcumin (Fig-11) or radiation alone (Fig-12) induced cytotoxicity in LNCaP cells, but incombination curcumin protected radiation induced cytotoxicity (Fig-12). Similarly apoptotic assays demonstrated that curcumin or radiation alone induced significant amount of apoptosis compared with the combination of curcumin and radiation. (Fig-13 & Fig 14) There were no changes in cell cycle pattern in LNCaP cells treated either with radiation or curcumin or the combination of curcumin and radiation. (Table-5)

Key Research Accomplishments

1. Curcumin sensitized prostate cancer cells and induced apoptosis in all the proposed prostate cancer cell lines. In 22Rv1 and PC-3 cells curcumin inhibited G_2/M block, an important phase of cell cycle. Curcumin enhanced radio sensitizing effect in all prostate cancer cell lines (except LNCaP).

Reportable outcomes

1. Presentations were made in the National meetings:

1. Chendil.D, Rama.S, David.M, Sathishkumar.S, Inayat.S.M, Dey.S, Mohiuddin.M, and Ahmed.M.M. Inhibition of radiation-induced pro-survival genes by Curcumin in prostate cancer. Presented at 94th annual conference of American Society for Cancer Research (2003), Washington.

2 .R.S Ranga and D.Chendil. Molecular effects of curcumin on prostate cancer. Presented at University of Kentucky International student symposium (2003)

2. Publications.

Damodaran Chendil, Rama S Ranga, David Meigooni, Sabapathi Sathishkumar and Mansoor M Ahmed. Curcumin confers radio-sensitizing effect in prostate cancer cell line PC-3. *Oncogene* (2004) 23, 1599-1707.

Conclusions

In this ongoing project, first year results outcome showed that curcumin is a potent radiosensitizer in prostate cancer cell lines.

APPENDIX-I

Figure-1 Curcumin induces clonogenic inhibition in PC-3 cells:

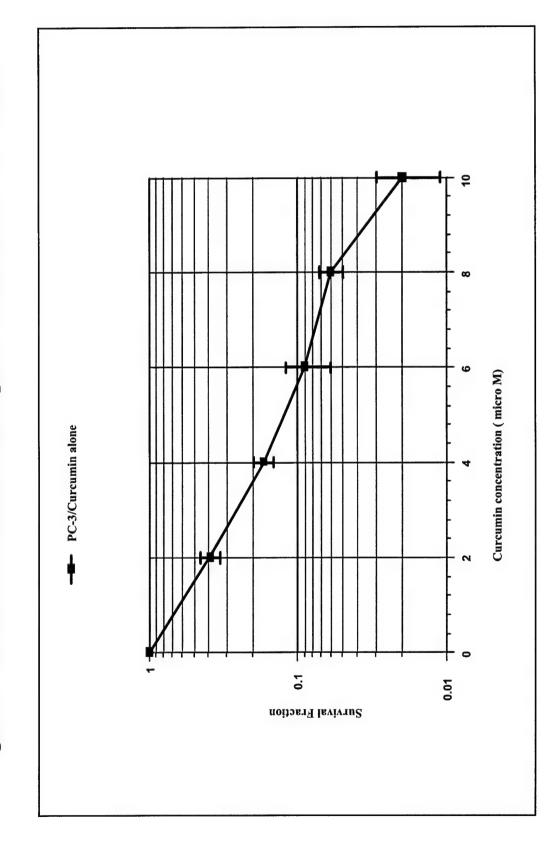


Figure-2 Curcumin enhances radiation induced clonogenic inhibition in PC-3 cells

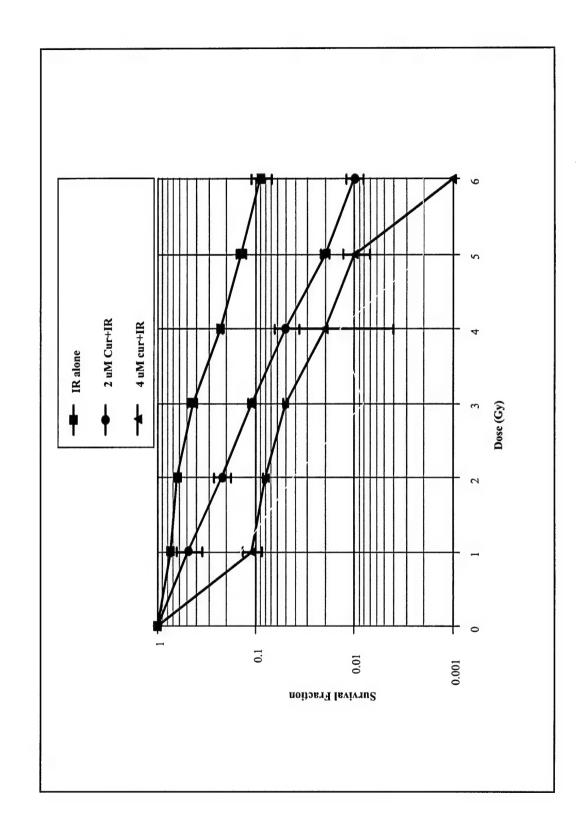


Table-1 SF₂,D₀ values of curcumin, radiation and incombination treatments on prostate cancer cells.

Cell line	Treatment	SF ₂ (Gy)	SF2 ER	D_0	D ₀ ER	ER
PC-3	IR alone	0.635	-	2.31Gy	1	***
	IR+2µMCur	0.224	2.83	0.97Gy	2.38	5.21
	IR+4µMCur	0.080	7.93	0.38Gy	2019	14.0
DU145	IR alone	0.51	ŧ	2.74Gy		4
	IR(2Gy)+2µMCur	0.33	1.545	ţ	***	1.545
	IR(2Gy)+4µMCur	0.20	2.55	ľ	ľ	2.55
	IR(2Gy)+5µMCur	60.0	5.66	1		5.66
	Curcumin alone	ı	t	$2.97 \mu M$	*	
	Cur + IR(2Gy)		i.	$2.52\mu M$	1.18	1.18
LN3	IR alone	0.40	<u> </u>	2.07Gy	ŧ	*
	Curcumin alone	-	th.	1.61µM		
	IR +0.25µMCur	0.27	1.48	1.08Gy	1.90	3.38
22rv1	IR alone	0.29		1.86Gy	. 1	
	Curcumin alone		ì	$1.97 \mu M$		ĸ

Figure 3 Curcumin enhance radiation induced apoptosis in PC-3 cells:

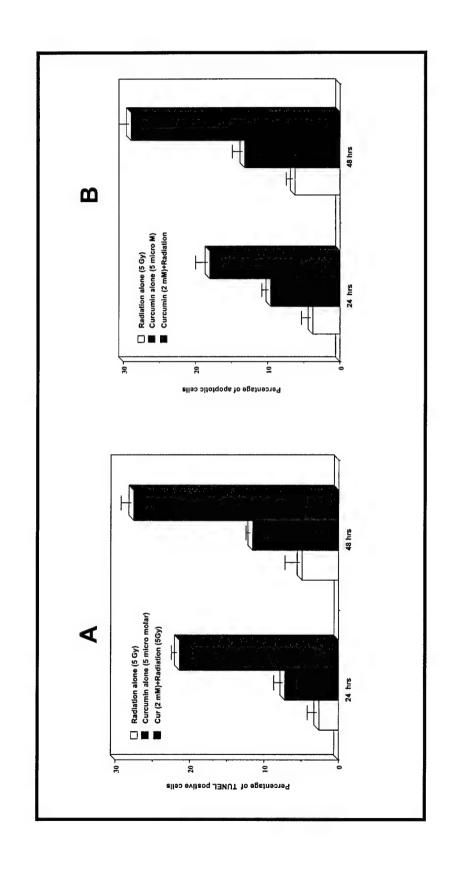
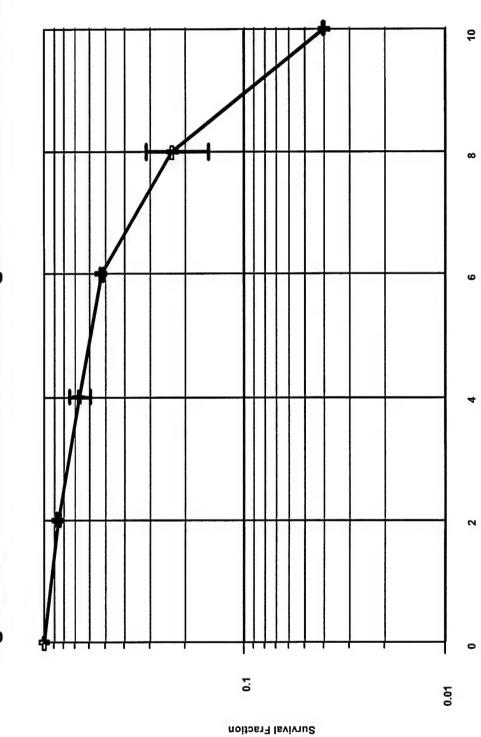


Table-2 Effects of curcumin or lonizing radiation or in combination on cell cycle distribution in PC-3 cells

Cell cycle	Treatments	12 hours	24 hours	48 hours
G0/G1	Untreated curcumin alone radiation alone IR+Cur	55.45 ±2.21 28.45 ±3.43 15.62 ±2.34 24.21 ±3.99	56.53 ± 4.21 18.65 ± 3.76 21.61 ± 1.72 25.22 ± 2.24	53.23 ± 4.28 20.05 ± 1.92 36.11 ± 2.69 20.85 ± 1.65
Ø	Untreated curcumin alone radiation alone IR+Cur	24.21 ± 3.05 39.00 ± 1.98 35.47 ± 2.98 48.32 ± 3.12	21.32 ± 5.11 33.25 ± 1.07 13.25 ± 1.09 44.20 ± 5.12	28.39 + 3.76 $37.20 + 4.56$ $22.86 + 3.30$ $54.65 + 5.74$
G2-M	Untreated curcumin alone radiation alone IR+Cur	20.34 ± 3.67 32.55 ± 3.10 48.82 ± 2.73 27.48 ± 2.12	22.15 ± 1.98 48.10 ± 2.16 65.14 ± 5.92 30.58 ± 4.21	18.38 ± 2.01 42.75 ± 3.21 41.03 ± 4.19 24.50 ± 1.99

Figure-4 Curcumin induces clonogenic inhibition in DU-145 cells



cur conc (micro M)

Figure- 5 Curcumin enhances radiation induced clonogenic inhibition in DU-145 cells

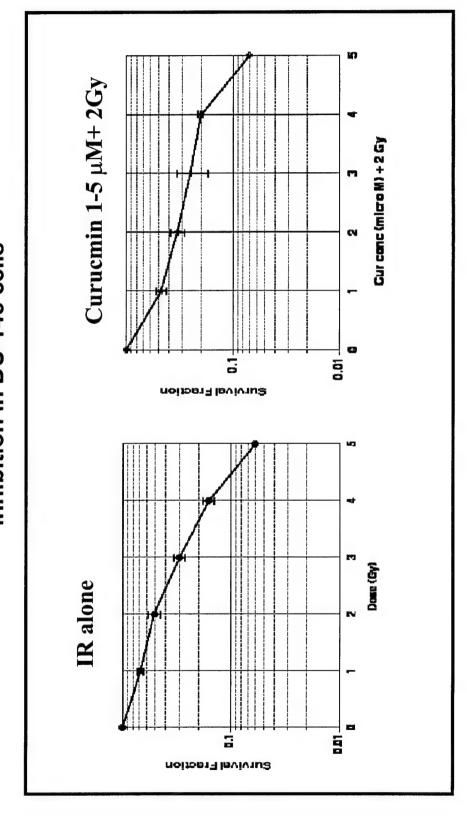


Figure 6 Curcumin enhance radiation induced apoptosis in DU-145 cells

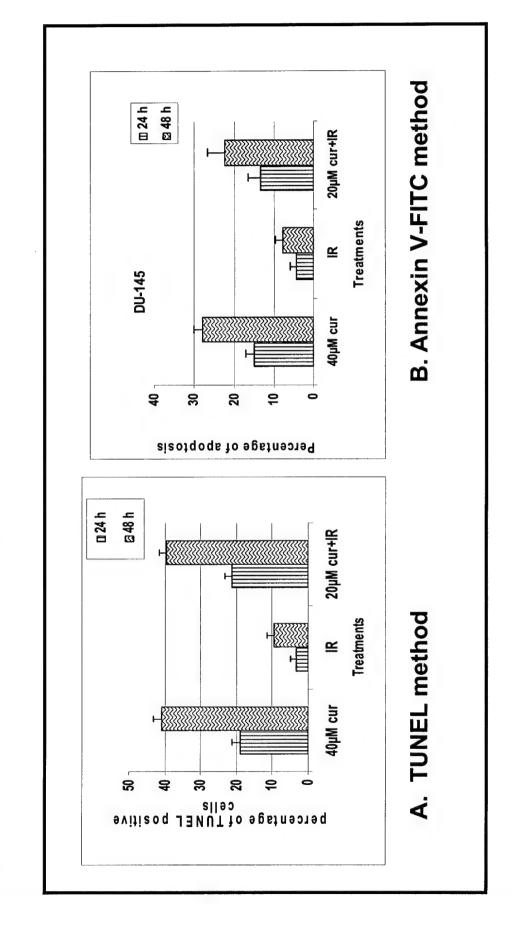


Table-3 Effects of curcumin or lonizing radiation or in combination on cell cycle distribution in DU-145 cells

	Treatment	6hrs	12hrs	24hrs	48 hrs	72hrs
	UT Cur 10 uM	31.242.0	34.1±1.9	36.1±1.4	57.7±3.0	53.3±2.9
C0/C1	Cur 10 µM+ 5 Gy	26.4±2.7 31.9±2.8	15.5 <u>+</u> 2.6 19.8 <u>+</u> 1.0	30.2 <u>+</u> 3.7 30.2 <u>+</u> 3.7 12.1 <u>+</u> 4.6	26.7±1.8 32.7±1.8 20.6±1.1	39.4±2.6 31.0±4.8
		22.9±3.7	26.0±4.2	27.3±4.2	11.11±5.0	9.7±7
S	5Gy Cur 10 µM+ 5Gy	31.1±1.2 25.97±2.9	30.9±4.0	16.6±3.5 32.5±1.0	33.6 <u>±</u> 4.2 32.7±1.5	12.6±.8 03.1±.0
	UT Cur 10 µM	45.9 <u>+</u> 2.7	40.1 ± 1.8 39.7 ± 1.5	36.5 <u>+</u> 2.3 47.6+3.1	31.2 <u>+</u> 2.4 25.0+1.3	36.9±1.6 46.7±5.4
G2/M	5Gy Cur 10 µM+ 5Gy	42.6 <u>12.1</u> 42.1 <u>11</u> .6	53.1 <u>±</u> 3.2 49.3 <u>±</u> 2.7	53.2 <u>±</u> 1.4 55.3±2.7	33.6 <u>+</u> 3.8 46.6 <u>+</u> 3.6	47.9±2.6 65.8±4.6

Figure-7 Curcumin induces clonogenic inhibition in 22Rv-1 cells

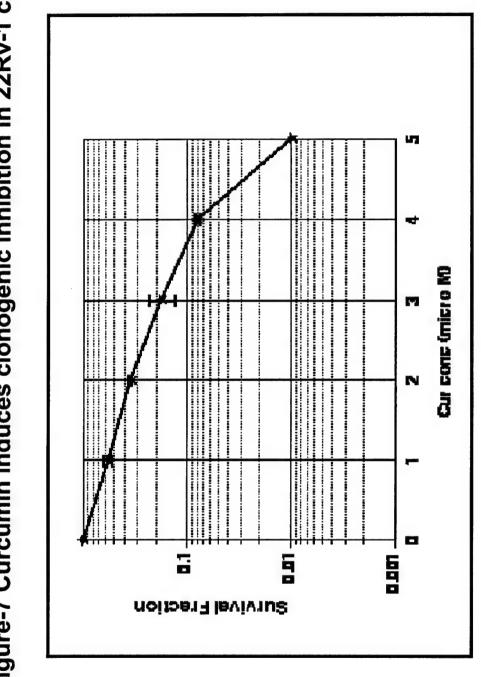


Figure-8 radiation induced clonogenic inhibition in 22Rv-1 cells Dose (Gy) 0.1 0.01 0.001 Survival Fraction

Figure 9 Curcumin enhances radiation induced apoptosis in 22Rv-1 cells By TUNEL

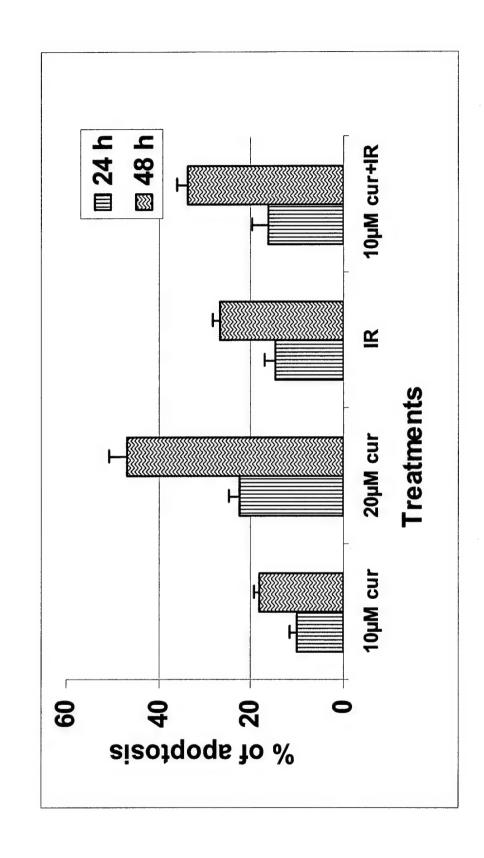


Figure 10 Curcumin enhances radiation induced apoptosis in 22Rv-1 cells **By Annexin V-FITC**

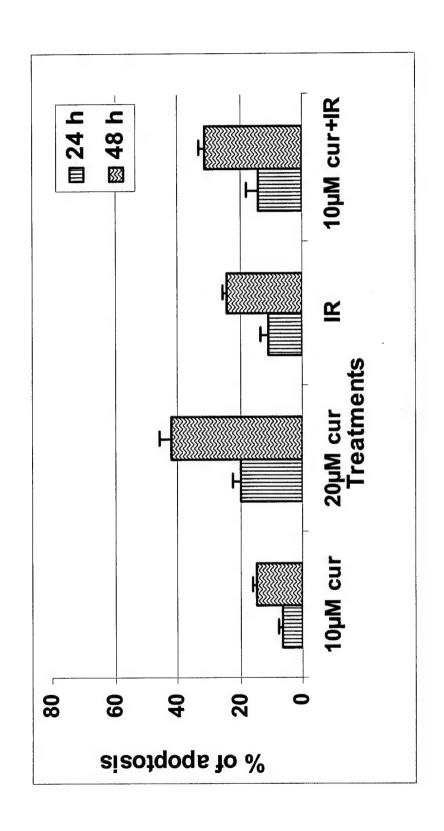


Table-4 Effects of curcumin or lonizing radiation or in combination on cell cycle distribution in 22Rv-1 cells

	Treatment	6hrs	12hrs	24hrs	48hrs	72hrs
G0/G1	UT Cur 20 µM SGy Cur 20 µM+ SGy	46.0 ±2.9 45.3 ±3.7 35.1 ± 4.0 43.2 ±2.1	43.3±4.2 57.1±3.1 24.1± 2.8 31.8±1.6	38.5±3.7 37.4±2.1 38.9±0.8 29.6± 2.5	36.6±1.8 51.1±2.7 37.2±2.1 45±1.8	59.7±1.0 39.5±1.5 67.7±3.0 51.2±2.6
Ø	UT Cur 20 µM 5Gy Cur 20 µM+ 5Gy	44.9 ± 4.0 38.7 ± 3.7 40.8 ± 3.5 36.1 ± 1.9	46.8 ± 3 30.3 ± 2.3 37.3 ± 4.6 48.2 ± 5.1	49.9± 2.6 48.4±1.2 26.1±4.2 39.5±5.4	49.1 ± 4.5 38 ± 3.2 32.8 ± 1.6 33.8 ± 1.0	28.9±2.8 45.5±3.6 11.5±2.6 30.9±1.5
G2/M	UT Cur 20 µM 5Gy Cur 20 µM+ 5Gy	09.1 ± 2.6 16.2 ± 2.9 24.3 ± 1.3 20.8 ± 3.2	10.1 ± 1.9 11.7 ± 2.1 38.2 ± 6.7 19.9 ± 4.6	11.6 ± 1.9 14.2 ± 3.2 35.0 ± 2.8 30.9 ± 3.1	14.3 ± 2.4 10.0 ± 3.1 32.1 ± 1.7 21.2 ± 1.1	11.2 + 1.8 $14.8 + 1.9$ $20.7 + 4.0$ $17.8 + 3.7$

Figure-11 Curcumin induced cytotoxicity on LNCaP cells

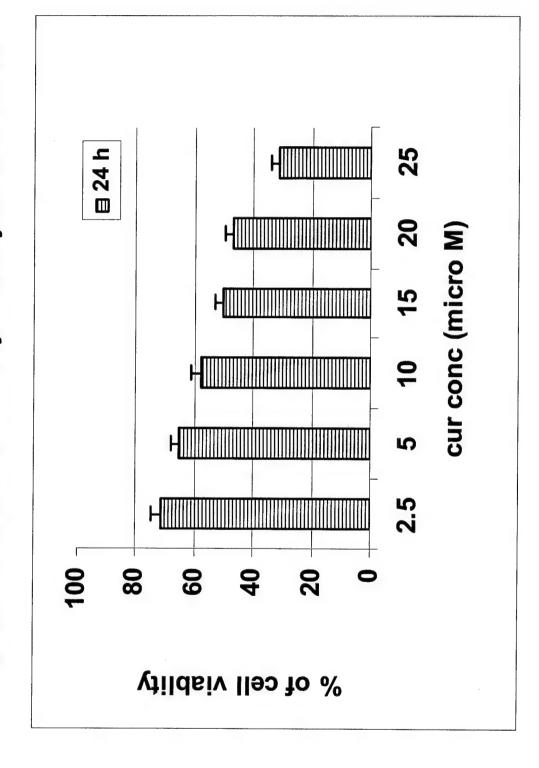


Figure-12 Cytotoxicity effects of curcumin and radiation on LNCaP

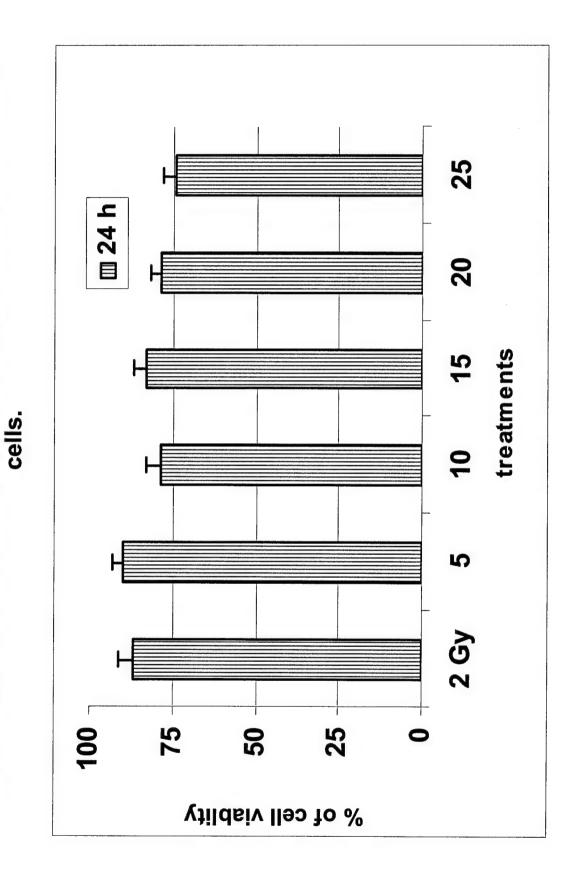


Figure 13 Curcumin and radiation induced apoptosis in LNCaP cells **BY Annexin V-FITC**

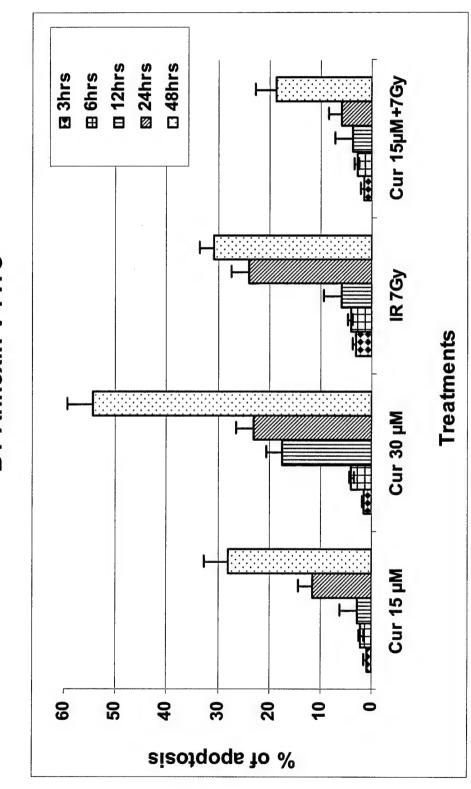


Figure-14 Curcumin and radiation induced apoptosis in LNCaP cells by TUNEL.

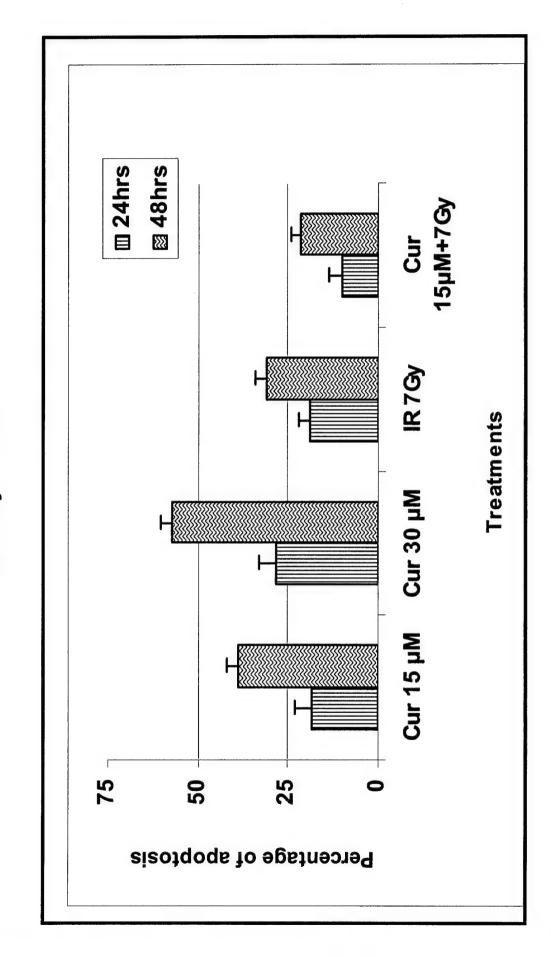


Table-5 Effects of curcumin or lonizing radiation or in combination on cell cycle distribution in LNCaP cells.

	Treatments		Time		
		6hrs	12hrs	24lins	48hrs
	E	63.77 ± 3.78	58.39 ± 4.64	66.35 + 7.01	63.51 ± 9.37
C0/C1	Cur 15 uM	64.73 ± 4.21	65.79 ± 7.01	62.97 ± 6.76	73.51 ± 6.89
	IR 7Gy	57.13 ± 2.59	55.51 ± 6.23	73+7.24	87.95 ± 6.99
	Cur 10µM+7Gy	61.34 ± 1.09	56.93 ± 3.90	61.62 + 3.25	56.45 ± 6.12
	£	21 12 ±1 27	36 57 ± 5 03	21 55±2 10	30 53 ± 3 00
		41.7 - 5.1.2	35 32 + 376	15.05 ± 1.00	11.35 ± 20
	Con 15 and	306-308	28 00±1 00	36.80 ± 3.0	91 C ± 07 9C
ŭ		37.4+3.00	38.46+4.65	24.08 + 2.01	27.56 + 3.01
c .		70.4	70.4 10.05	10.6 = 0.4.5	10. c = ac./c
	I	5.12 ± 2.10	5.09 ± 1.98	2.1 ± 1.5	6.98 ± 2.67
	Cur 15 µM	4.67 ± 0.85	5.23 ± 2.67	0.21 ± 0.01	10
G2/M	IR 7Gy	1.67 ± 1	9.16 ± 2.54	14.08 ± 2.19	0.7
	Cur 10µM+7Gy	6.26 ± 2.34	4.61 ± 1.37	3.4 ± 1.02	5.99 ± 1.23

APPENDIX-II

opg

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Curcumin confers radiosensitizing effect in prostate cancer cell line PC-3

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Curcumin (Diferuloylmethane) is a major chemical component of turmeric (curcuma longa) and is used as a spice to give a specific flavor and yellow color in Asian food. Curcumin exhibits growth inhibitory effects in a broad range of tumors as well as in TPA-induced skin tumors in mice. This study was undertaken to investigate the radiosensitizing effects of curcumin in p53 mutant prostate cancer cell line PC-3. Compared to cells that were irradiated alone ($SF_2 = 0.635$; $D_0 = 231 \, \text{cGy}$), curcumin at 2 and 4 μ M concentrations in combination with radiation showed significant enhancement to radiation-induced clonogenic inhibition $(SF_2 = 0.224: D_0 = 97 \text{ cGy and } SF_2 = 0.080: D_0 = 38 \text{ cGy})$ and apoptosis. It has been reported that curcumin inhibits TNF-α-induced NFκB activity that is essential for Bcl-2 protein induction. In PC-3 cells, radiation upregulated TNF-α protein leading to an increase in NF κ B activity resulting in the induction of Bcl-2 protein. However, curcumin in combination with radiation treated showed inhibition of TNF-α-mediated NFκB activity resulting in bcl-2 protein downregulation. Bax protein levels remained constant in these cells after radiation or curcumin plus radiation treatments. However, the downregulation of Bcl-2 and no changes in Bax protein levels in curcumin plus radiation-treated PC-3 cells, together, altered the Bcl2: Bax ratio and this caused the enhanced radiosensitization effect. In addition, significant activation of cytochrome c and caspase-9 and -3 were observed in curcumin plus radiation treatments. Together, these mechanisms strongly suggest that the natural compound curcumin is a potent radiosesitizer, and it acts by overcoming the effects of radiation-induced prosurvival gene expression in prostate cancer.

Oncogene (2004) 23, 1599-1607. doi:10.1038/sj.onc.1207284

Keywords: prostate; curcumin; radiation; TNF- α ; NF κ B; Bcl-2; apoptosis

Introduction

Prostate cancer is the cancer of second largest incidence among the male populations in the US, and the incidence has been increasing rapidly in the recent years (Greenlee et al., 2000). According to a WHO report, 36% of the prostate cancer patients of the world, as in 2000, belong to US population (Wilkinson et al., 2002). Prostate cancer cells are only modestly responsive or even unresponsive to the cytotoxic effects of chemotherapeutic agents or radiotherapy. Increased concentrations of cytotoxic drugs and higher dosages of irradiation fail to improve the response to therapy and it leads to resistance to apoptosis in prostate cancer cells. Thus, it is imperative to identify anticancer agents that are nontoxic and highly effective to induce cell death preferentially in tumor cells. Compounds occurring naturally in the human diet may be devoid of toxicity. Curcumin (Singh et al., 1996) is a major chemical component of turmeric (Bhaumik et al., 1999) and is used as a spice to give a specific flavor and yellow color in Asian food (Sharma, 1976). It is also used as a cosmetic as well as in some medical preparation. Curcumin has been reported to have several pharmacological effects including antitumor, anti-inflammatory and antioxidant properties (Sharma, 1976; Huang et al., 1991). An epidemiological study revealed that low incidence of bowl cancer in Indians can be part in attributed to the presence of natural additives like curcumin in Indian cookery (Mohandas and Desai, 1999). Curcumin is inhibitory to a broad range of tumors such as mammary tumor, duodenal and colon cancer and TPA-induced skin tumors in mice (Huang et al., 1998).

Curcumin has a potent role in inhibiting cellular migration and curcumin treatment of DU-145 cells suppressed the constitutive activation of both NF- κ B and AP-1 (Mukhopoadhyay et al., 2001). The molecular mechanism of NF κ B inhibition by curcumin is unclear, but involved inhibition of I κ B degradation (Jobin et al., 1999; Mukhopadhyay et al., 2001). In addition, the antiproliferaive activity of curcumin may also relate to its ability to block activation of RAS protein by inhibiting farnesyl protein transferase (Jiang et al., 1996). Curcumin significantly inhibits prostate cancer growth (Dorai et al., 2001) and has the potential to prevent the progression of this cancer to its

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hormone-refractory state (Huang et al., 1998). Curcumin induced apoptosis in both androgen-dependent and androgen-independent prostate cancer cells, by interfering with the signal transduction pathways and prevent the progression of the tumor to the hormone-refractory state (Singh and Aggarwal, 1995).

It has been shown that curcumin inhibits $NF_{\kappa}B$ activation that in turn downregulates endogenous bcl-2 and bax_{xL} protein (Mukhopadhyay et al., 2001). These observations lead us to hypothesize that curcumin can potentially inhibit radiation-induced prosurvival factors such as $NF_{\kappa}B$ activation and Bcl-2 expression. To ascertain this hypothesis, we performed the experiments using androgen-independent, p53-null PC-3 cells. Our results show that curcumin in combination with radiation inhibits $TNF_{\kappa}A$ -mediated $NF_{\kappa}B$ activity, resulting in Bcl-2 protein downregulation in PC-3 cells. Also, curcumin enhanced radiation-induced apoptosis by releasing cytochrome c and activated caspases in combinations with radiation in PC-3 cells.

Results

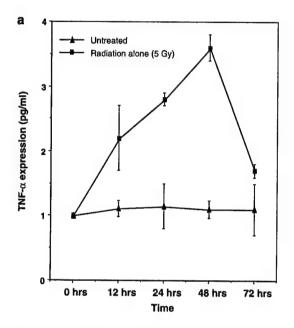
Radiation-induced resistance through upregulation of prosurvival factors in prostate cancer cells

Resistance to radiation or chemotherapy may be due to interference of apoptotic pathways in cancer treatment. NFkB activation is thought to exert antiapoptotic effects in most cancer cells. In some cell types, the antiapoptotic effects of TNF-α appears to be mediated by the upregulation of $NF\kappa\bar{B}$ activity (Beg and Baltimore, 1996; Wang et al., 1996), resulting in induction of bcl-2 gene expression that causes resistance to treatments in cancer cells (Chendil et al., 2002; Inayat et al., 2002). Radiation caused an induction of TNF-a protein expression (Figure 1a), NF κ B activity (Figure 1b) and Bcl-2 upregulation (Figure 1c) in PC-3 cells. The peak induction of TNF-α protein expression was observed at 48 h, and these results show that radiation induced prosurvival factors in p53-null prostate cancer cells.

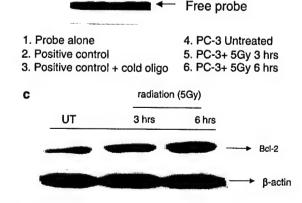
Figure 1 Ionizing radiation induces TNF- α protein, NFκB activity and Bcl-2 protein in PC-3 cells. (a) TNF- α protein estimation in a medium of untreated and irradiated PC-3 cells by enzyme-linked immunosorbent assay (ELISA). Error bars represent s.e.m. of two separate experiments performed in triplicate. (b) The effect of radiation on DNA binding activity of NFκB in PC-3 cells. EMSAs of NFκB binding complexes from PC-3 cells with 5 Gy of radiation. Lanes 2-5, positive control nuclear was used for appropriate experimental controls. Arrows indicate the position of super shift, NFκB complex band shift nonspecific binding and free probe. (c) Western blot analysis of Bcl-2 protein induction in PC-3 cells. Whole cell protein extracts were prepared from PC-3 cells that were left untreated (UT) or exposed to a 5 Gy dose and incubated for the indicated time interval. The blot was probed with an antibody for Bcl-2 or β-actin

Anti-TNF- α neutralizing antibody inhibits radiationinduced NF κ B activity leading to repression of Bcl-2 protein

The protective responses of cells against radiation are DNA repair, activation of prosurvival transcription







factors and induction of antiapoptotic genes. One of the prosurvival transcription factor, NF κ B, is activated by ionizing radiation (Brach *et al.*, 1991). NF κ B activates several downstream target genes such as Bcl-2 (Dixon *et al.*, 1997; Tamatani *et al.*, 1999), which is responsible for the protection of cells against radiation-induced apoptosis. The activation of NF κ B by radiation also

1996; Bierhaus et al., 1997). Moreover, NF κ B is known to be a cell survival and antiapoptotic molecule (Beg and Baltimore, 1996; Van Antwerp et al., 1996). To test whether TNF- α induction by radiation is necessary for NF κ B activation and Bcl-2 upregulation, we performed Western blot analysis of cells either left untreated or treated with anti-TNF- α neutralizing antibody plus radiation. As shown in Figure 2a, DNA binding activity of NF κ B increased approximately sixfolds in these cells

depends on radiation-induced TNF-a protein (Baldwin,

treated with recombinant TNF- α protein. Whereas, the radiation-induced NF κ B was inhibited when PC-3 cells were exposed to anti-TNF- α neutralizing antibody (Figure 2a). Similarly, recombinant TNF- α protein

 α neutralizing antibody repressed the radiation-induced Bcl-2 expression (Figure 2b). These results suggest that radiation-induced NF κ B activity depends on radiation-

induced Bcl-2 expression in these cells while anti-TNF-

radiation-induced NF κ B activity depends on radiation-induced expression of TNF- α . Altogether, these observations indicate that radiation induces TNF- α that in

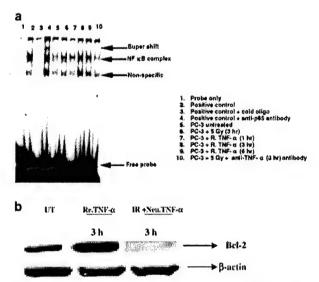


Figure 2 Neutralizing antibody to TNF- α or AD5-I κ B superrepressor inhibits radiation-induced NF κ B activity leading to repression of Bcl-2 protein in PC-3 cells. (a) EMSAs of NF κ B binding complexes from PC-3 cells were left untreated or treated with recombinant TNF- α and/or 5 Gy of radiation with neutralizing anti-TNF- α antibody. Nuclear cell extracts (5 μ g) from untreated or irradiated cells were incubated with 32p-labeled NF κ B DNA probe, followed by analysis of DNA binding activities. Arrows indicated the position of NF κ B complex bindings. (b) Whole cell protein extracts were prepared from PC-3 cells that were left untreated (UT) or treated with recombinant TNF- α and/or irradiated at 5 Gy and incubated for the indicated time interval. The blot was probed with an antibody for Bcl-2 or β -actin

turn triggers NF κ B activation and Bcl-2 induction in PC-3 cells.

Curcumin inhibits radiation-induced prosurvival factors in PC-3 cells

Previously, it has been shown that curcumin inhibits TNF- α -mediated NF κ B activation. In addition, curcumin downregulates endogenous bcl-2 and bax_{xL} protein level (Mukhopadhyay et al., 2001). In order to inhibit the radiation-induced antiapoptotic function in cells, we treated PC-3 cells either with curcumin or radiation alone or in combination. Interestingly, curcumin inhibited radiation-induced TNF- α protein expression (Figure 3a) and resulted in downregulation of NF κ B activation (Figure 3b) and Bcl-2 protein expression (Figure 3c). Together, these data strongly suggest that curcumin is a potent inhibitor of radiation-induced prosurvival factors in PC-3 cells.

Curcumin enhance radiation-induced clonogenic inhibition in PC-3 cells

PC-3 cells conferred enhanced resistance to radiation since curcumin inhibits radiation-induced prosurvival factors such as NF κ B and Bcl-2. Effects of curcumin either alone or in combination with radiation on cell survival studied with colony-forming assay. Curcumin enhanced significantly the radiation-induced clonogenic inhibition (SF₂ = 0.224: D_0 = 97 cGy and $SF_2 = 0.080$: $D_0 = 38$ cGy at 2 and 4 μ M concentrations) compared to cells treated with curcumin alone (Figure 4a) or radiation alone ($SF_2 = 0.635$; $D_0 = 231 \,\mathrm{cGy}$) (Figure 4b). Interestingly, a significant enhancement in the radiosensitizing effect of curcumin was observed at 2 and $4 \mu M$ concentrations. These results indicate that the natural compound curcumin inhibited the growth of PC-3 cells and significantly enhanced the effect of radiation (Table 1).

Curcumin enhances radiation-induced apoptosis in PC-3 cells

Terminal transferase-mediated dUTP-digoxigenin nickend labeling (TUNEL) staining was performed with or without curcumin/radiation after 24 and 48h of treatment to determine the induction of apoptosis. By TUNEL assay, the incidence of apoptosis after 24 and 48 h of radiation over the untreated population was 2.61 and 4.88% compared to curcumin alone treated cells (7.23 and 11.56%, respectively). The combination of curcumin and radiation significantly enhanced induction of apoptosis in these cells after 24 h (21.39%) and 48 h (27.57%) of treatment (Figure 5a). By flow cytometry assay, using MC-540 and Hoechst 342 staining, the incidence of apoptosis after 24 and 48 h of radiation over the untreated population was 3.81 and 6.25%, compared to curcumin alone treated cells (9.6 and 13.22%, respectively). However, with combination of radiation and curcumin the incidence of apoptosis after 24 and 48 h was 18.31 and 29.90%, respectively

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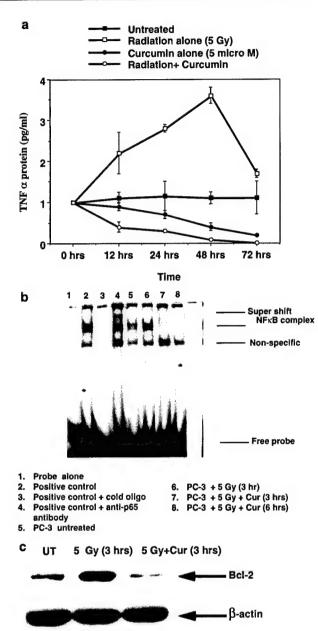


Figure 3 Curcumin downregulates radiation-induced NFκB activity and Bcl-2 protein expression. (a) TNF-α protein estimation in a medium of untreated/ftreated with curcumin $(5 \,\mu\text{M})$ or radiation (5 Gy) or in combination (curcumin $2 \,\mu\text{M}$ plus radiation (5 Gy)) of PC-3 cells by ELISA. Error bars represent s.e.m. of two separate experiments performed in triplicate. (b) The effect of Curcumin on radiation-induced NFκB activity in PC-3 cells. Arrows indicated the position of super shift, NFκB complex, nonspecific binding and free probes. (c) Western blot analysis of Bcl-2 expression on PC-3 treated with curcumin with or without radiation. Whole cell protein extracts were prepared from PC-3 cells that were left untreated (UT) or treated with or with out curcumin or exposed to a 5 Gy dose. The blot was probed with antibodies for Bcl-2, or β-actin

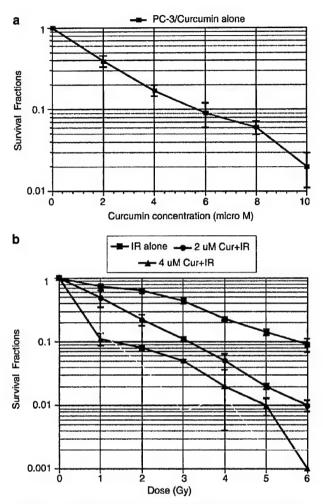


Figure 4 Curcumin enhance radiation-induced clonogenic inhibition in PC-3 cells: (a) Curcumin alone or (b) radiation or in combination with 2 or $4\,\mu\rm M$ concentration of curcumin induced clonogenic inhibition of PC-3 cells. Cell survival curve of PC-3 cells with treatments as assayed by colony-forming ability and analysed by Single Hit Multi-Target (SHMT) model curve fit. The data shown are representative of the combined mean of two independent experiments

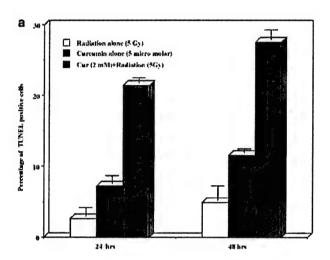
(Figure 5b). Thus, these results demonstrate that curcumin significantly enhanced the radiation-induced apoptosis in PC-3 cells.

Curcumin downregulates radiation-induced Bcl-2 protein expression in PC-3 cells

After confirming that curcumin inhibits radiation-induced prosurvival factors in PC-3 cells, we performed Western blot analysis for Bcl2 and Bax protein expression after treating PC-3 cells with curcumin or radiation or in combination. Bax and Bcl-2 are two discrete members of the gene family involved in the regulation of cellular apoptosis. Interestingly, no change in the level of bax protein was observed after the combined treatment (Figure 6). Since curcumin downregulates radiation-induced Bcl-2 and no changes in the

Table 1 Radiation inactivation estimates of PC-3 cells treated with curcumin or radiation alone or in combination

Treatment	SF ₂	SF ₂ ER	$D_0(Gy)$	D ₀ ER	ER
Radiation alone IR + 2 µM curcumin	0.635 0.224	2.83	231 cGy 97 cGy	2.38	5.21
IR + 4μ M curcumin	0.080	7.93	38 cGy	6.07	14



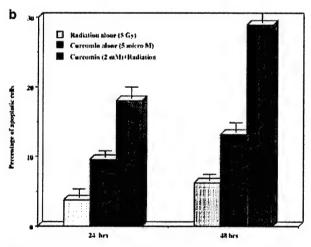


Figure 5 Curcumin enhances radiation-induced apoptosis in PC-3 cells: (a) Quantification of apoptosis by TUNEL method. (b) Quantification of apoptosis in by Hocchst 33342 (Ho342) and merocyanin 540 (MC540) staining. The error bar represents s.e. and the data shown are representative of the combined mean from two independent experiments

bax protein levels were observed, Bcl2:Bax ratio changed and it may have caused the induction of apoptosis in PC-3 cells.

Curcumin induced cytochrome c release and caspases activation in PC-3 cells

To confirm the involvement of the mitochondrial pathway of apoptosis, we analysed the activation of

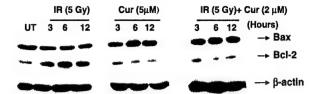
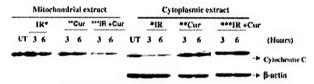


Figure 6 Curcumin downregulated radiation-induced Bcl-2 protein in PC-3 cells: Whole cell protein extracts were prepared from PC-3 cells that were left untreated or treated with radiation or curcumin or in combination and incubated for the indicated time interval. The blot was probed with antibodies for Bcl-2, Bax and β -actin



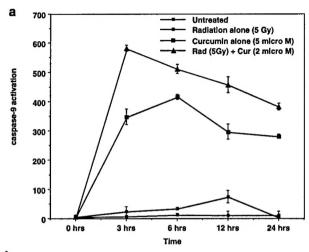
"IR 5 Gy, "Curcumin alone 5 µM," curcumin 2 µM+IR (5 Gy)

Figure 7 Curcumin induced cytochrome c release in PC-3 cells: Cytochrome c was assessed in untreated, treated with radiation or curcumin or in combination after 3 and 6h in PC-3 cells, and cytosol and mitochondria extracts were extracted. Western blot analysis was used to determine the cytochrome c expression in both cytosol and mitochondria extracts. Loading control β -actin antibody was used for cytosol extracts

cytochrome c release from the mitochondria by Western blot analysis. It is known that cytochrome c releases from mitochondria into the cytosol and binds to the apoptotic protease activating factor (Apaf) complex and triggers the activation of procaspase-9 to the active caspase-9 (Reed, 1997). As shown in Figure 7, a marked fraction of the cytochrome c was released from the mitochondria, of curcumin and in combination with radiation-treated cells at 3 h, and the release was more pronounced at 6 h.

Caspases play a pivotal role in the execution of programmed cell death (Janicke et al., 1998; Juo et al., 1998; Kuida et al., 1998; Earnshaw et al., 1999), and in particular, we evaluated caspase-9 activity because it represents the apical caspase of the mitochondrial (intrinsic) pathway (Kuida et al., 1998). Caspase-3 activation has been shown to be one of the most important cell executioners for apoptosis (Janicke et al., 1998). A marked time-dependent increase in the activities of caspase-9 and -3 was observed in cells treated with $5 \mu M$ curcumin or in combination of curcumin $(2 \mu M)$ with radiation. However, the sequential pattern of activation of these caspases was markedly different. There was significant activation of caspase-9 as early as 3 h of treatment, and the activity continued to increase till 24h of the assay (Figure 8a). On the other hand, significant activation of caspase-3 activity was seen at 12 h after treatment (Figure 8b). The increase in the release of cytochrome c was in agreement with the data showing the continued increase in caspase-9 activity after 3h treatment. The close association of the release of cytochrome c from mitochondria with the





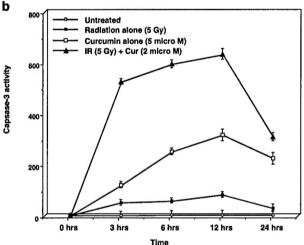


Figure 8 Curcumin induce caspase-3 and caspase-9 activation in PC-3 cells: PC-3 cells were left untreated or treated with radiation or curcumin or in combination and and cell lysates prepared for time interval indicated. The enzymatic activity of cell lysates towards tetrapeptide chromogenic substrates, (a) DEVD-pNA (for caspase 3-like) and (b) LEHD-pNA (for caspase 9) was determined. Caspase activities are expressed as fold change of control and presented as mean ± SE of two samples

concurrent increase in caspase-9 provide evidence that curcumin induces apoptosis in PC-3 cells through the mitochondrial pathway.

Curcumin radiosensitizes PC-3 cells by inducing G_2/M block of cell cycle

To understand the mechanism that curcumin causes enhanced radiation-induced clonogenic inhibition, we performed flow cytometry to analyse the cell cycle changes induced by radiation in PC-3 cells. Curcumin caused a strong G_2/M block, which is an important phase sensitive to radiation. Curcumin-treated cells showed 32.55% of G_2/M block at 12h, 48.10% at 24h, 42.75% at 48 h and 35.89% at 72 h(Table 2). Thus, the G_2 block in curcumin-treated cells when combined with radiation caused enhanced radiosensitization, whereas radiation- or curcumin-treated cells showed no significant G_2/M block.

Discussion

Our studies showed that radiation induces prosurvival factors such as increased NFkB activity and Bcl-2 upregulation in PC-3 cells. Ionizing radiation induce NFκB activation (Hallahan et al., 1989; Van Antwerp et al., 1996) and it plays an important role in inhibiting TNF-α or chemotherapy-induced apoptosis (Wang et al., 1996; Plummer et al., 1999). TNF- α is also a potent inducer of NFkB activity (Hallahan et al., 1989; Van Antwerp et al., 1996). The multiplicity of mechanisms of $NF\kappa B$ activation and its role in inhibition of antiapoptotic function is more complex. The antiapoptotic target genes for NFkB includes Bcl-2 (Tamatani et al., 1999). Bcl-xL (Dixon et al., 1997; Tamatani et al., 1999) and Bcl-2 homologue A1/Bfl-1(Wang et al., 1999). We reported that ectopic overexpression of Bcl-2 in prostate cancer cells showed enhanced radiation resistance and inhibition of apoptosis in prostate cancer cells and other tumor cell types (Hockenbery et al., 1990; Sentman et al., 1991). Induction of prosurvival and antiapoptotic genes

Table 2 Effects of curcumin or ionizing radiation or in combination with curcumin and radiation on cell cycle distribution

Cell cycle	Treatments	12 h	24 h	48 h
G0/G1	Untreated	55.45±2.21	56.53±4.21	53.23±4.28
	Curcumin alone	28.45 ± 3.43	18.65 ± 3.76	20.05 ± 1.92
	Radiation alone	15.62 ± 2.34	21.61 ± 1.72	36.11 ± 2.69
	IR + Cur	24.21 ± 3.99	25.22 ± 2.24	20.85 ± 1.65
S	Untreated	24.21 ± 3.05	21.32±5.11	28.39 ± 3.76
	Curcumin alone	39.00 ± 1.98	33.25 ± 1.07	37.20 ± 4.56
	Radiation alone	35.47 ± 2.98	13.25 ± 1.09	22.86 ± 3.30
	IR + Cur	48.32 ± 3.12	44.20 ± 5.12	54.65±5.74
G2-M	Untreated	20.34 ± 3.67	22.15±1.98	18.38 + 2.01
G2-M	Curcumin alone	32.55 ± 3.10	48.10 ± 2.16	42.75 ± 3.21
	Radiation alone	48.82 ± 2.73	65.14 ± 5.92	41.03 ± 4.19
	IR + Cur	27.48 ± 2.12	30.58 ± 4.21	24.50 ± 1.99

strongly suggests that PC-3 cells harbor a tight regulatory loop that inhibits the cell killing effects of ionizing radiation.

Curcumin has been reported to be a potent antiproliferative agent for many tumor types (Rao et al., 1995; Sikora et al., 1997) and it acts as a proapoptotic agent in a variety of cancer cell lines (Kuo et al., 1996; Khar et al., 1999). Exposure of PC-3 cells to curcumin inhibited radiation-induced Bcl-2 expression, indicating that radiation-induced TNF-α is necessary to activate NF κ B, which is required for the induction of Bcl-2 protein. This is the first report showing that curcumin inhibits endogenous TNF-α as well as radiation-induced TNF-α protein expression in PC-3 cells. Inhibitory effects of curcumin on NFkB activation have been documented in prostate cancer cells (Mukhopadhyay et al., 2001), mouse fibroblast cells (Huang et al., 1991), human leukemia cells (Singh and Aggarwal, 1995) and human colon epithelial cells (Plummer et al., 1999). Curcumin inhibits NF κ B activation by inhibiting I κ B α phosphorylation that is necessary to export NF κ B from cytosol to nucleus and to activate its target genes. However, this is the first documented report demonstrating that curcumin is a potent radiosenstizer in prostate cancer cells and this sensitization is conferred by the inhibition of radiation-induced prosurvival factors such as NFkB and Bcl-2. Hence, the downregulation of endogenous and radiation-induced bcl-2 protein expressions in PC-3 cells will have significant therapeutic benefits in a majority of prostate cancer patients, since bcl-2 protein is overexpressed in these patients. Curcumin also inhibits cell proliferation induced by growth factors. Correlation between inhibition of cell proliferation and different phases of cell cycle by curcumin has been reported in the literature (Chen and Huang, 1998; Chen et al., 1999). Curcumin induces cell cycle arrest in G2/M phase in breast cancer cells. These findings well correlated with our results since curcumin-treated cells showed G2/M arrest of cell cycle, which is sensitive to radiation and therefore this leads to enhanced radiosensitization.

Activated protein (AP-1) is a transcription factor activated by UV radiation, phorbol ester and asbestosis (Shaulian and Karin, 2002). AP-1 promotes several cellular genes that are responsible for cell proliferation and also transformation of preneoplastic to neoplastic state (Dong et al., 1995). Several reports show that curcumin suppresses AP-1 activation; in our study also curcumin inhibits endogenous and radiation-induced AP-1 in PC-3 cells (data not shown).

We found that curcumin induced apoptosis by the activation of the downstream caspase-9, which has been shown to play an important role in apoptosis induced by several conditions (Ohta et al., 1997; Mow et al., 2001). In this study, caspase-9 activation was preceded by the activation of caspase-3, the apical caspase of the intrinsic mitochondrial pathway of apoptosis. Similarly, curcumin induced the release of cytochrome c into the cytosol after 3 h, and this release markedly increased after 6h of treatment. Our results show curcumin downregulates radiation-induced bcl-2 protein expression that suggests that this protein is involved in the release of cytochrome c from mitochondria.

In recent clinical trails, curcumin was given a dosage of 8000 mg/day, and the peak serum concentration of $1.77 \pm 1.87 \,\mu\text{M}$ after 2h of intake of curcumin has been reported (Cheng et al., 2001). In our results, a significant enhancement of radiosensitizing effect was observed at 2 and $4 \mu M$ concentrations of curcumin by colony-forming assays. Hence, it is possible to achieve 2 uM concentration of curcumin in the serum concentration by consumption of 8000 mg/day of curcumin and this dose of curcumin in the serum will enhance the radiation effect in prostate cancer patients.

Apoptotic assays indicate that radiation caused significantly enhanced apoptosis in curcumin-treated cells. These results indicate that the natural compound, curcumin, at nontoxic doses inhibited the growth and induced apoptosis in PC3 cells and significantly enhanced the effect of radiation. It has been shown that curcumin induce apoptosis either by mitochondrialdependent or mitochondrial-independent mechanism depending on the cell types. Curcumin-induced mitochondrial-independent apoptosis has been shown in breast cancer cell lines (Mehta et al., 1997), basal cell carcinomas (Jee et al., 1998) and T-Jurkat cells (Piwocka et al., 1999).

In conclusion, curcumin, a major active component of turmeric, has been reported to induce growth inhibition and induce apoptosis in many cancer cell types. In this study we, for the first time, report that curcumin is a potent radiosensitizer that inhibits growth of human prostate PC-3 cancer cells and downregulates radiationinduced prosurvival factors and enhance radiationinduced sensitivity in PC-3 cells.

Materials and methods

Human prostate cancer cells (PC-3 cells) were obtained from the American Type Culture Collection and maintained as adherent monolayer cultures in RPMI-1640 medium supplemented with 10% fetal bovine serum.

Curcumin

Curcumin (99% purity) (E,E)-1,7-bis(4-hydroxy-3-methoxyphenyl)-1,6-heptadiene-3,5-dione) was purchased from Sigma Chemical Co. (St Louis, MO, USA) and stored as 100 mM stock solution in DMSO, protected from light at -20°C. At 24h after plating the cells, the medium was removed and replaced with fresh medium containing DMSO or medium containing different concentrations of curcumin in RPMI medium. For treatments, cells were left untreated or treated with radiation (5 Gy) alone or curcumin (5 μ M) alone or in combination of curcumin with radiation. For combination treatment, curcumin (2 μ M) was added to the cultures 2 h prior to radiation (5 Gy).

Irradiation

A 100 kV industrial X-ray machine (Phillips, Netherlands) was used to irradiate the cultures at room temperature. The dose



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rate with a 2 mm Al plus 1 mm Be filter was \sim 2.64 Gy/min at a focus-surface distance of 10 cm.

Western blot analysis

Total protein extracts from untreated cells or cells treated with curcumin alone or irradiated alone or in combination (curcumin plus radiation) at various time intervals were subjected to Western blot analysis as described (Chendil et al., 2002) using Bcl-2 monoclonal antibody (sc-509) (Santa Cruz, CA, USA), Bax monoclonal antibody (sc-493) (Santa Cruz, CA, USA), cytochrom c monoclonal antibody (Biovision, Inc., CA, USA), or for loading control the β -actin antibody (Sigma Chemical Co, St Louis, MO, USA) were detected using the chemiluminescence method.

Colony-forming assay

For clonogenic cell survival studies, two different cell concentrations in quadruplet sets were used for each treatment. Cell lines were left untreated or exposed to 0.5-6 Gy dose of radiation or treated with various concentration of curcumin or for combinatation treatment curcumin (2 µM or $4 \mu M$) was added to the cultures 2 h prior to radiation (5 Gy). After incubation for 10 or more days, each flask was stained with crystal violet and the colonies containing more than 50 cells were counted. The surviving fraction (SF) was calculated as a ratio of the number of colonies formed and the product of the number of cells plated and the plating efficiency. The curve was plotted using X-Y log scatter (Delta Graph $^{\circ}4.0$), and by using the formula of the SHMT model, the D_0 was calculated. D_0 is the dose required for reducing the fraction of cells to 37%, indicative of single-event killing. SF₂ is the survival fraction of exponentially growing cells that were irradiated at the clinically relevant dose of 2 Gy.

Flow cytometry

Flow cytometry was performed as described earlier (Chendil et al., 2002). Untreated and treated cells (1×10^6) were washed in phosphate-buffered saline (PBS) and fixed in ice-cold ethanol. Fixed cells were pelleted and resuspended in 500 μ l of PBS. RNA was eliminated by treating cells with RNAse A (Sigma, St. Louis, MO, USA). Then, the cells were stained by propidium iodide in PBS and analysed for cell cycle phases by flow cytometry, a FACStar calibur (Becton Dickinson) cell sorter.

Quantification of apoptosis

Apoptosis was quantified by TUNEL staining and flow cytometry. The ApopTag in situ apoptosis detection kit (Oncor, Gaithersburg, MD, USA), which detects DNA strand breaks by TUNEL, was used as described (Ahmed et al., 1996). Briefly, cells were seeded in chamber slides and the next day the cells were left untreated or treated with curcumin or radiation or in combination. After 24 and 48 h, the DNA was tailed with digoxigenin-dUTP and conjugated with an anti-digoxigenin fluorescein. The specimen was counterstained with propidium iodide and antifade. The stained specimen was

References

Ahmed MM, Venkatasubbarao K, Fruitwala SM, Muthukkumar S, Wood Jr DP, Sells SF, Mohiuddin M and Rangnekar VM. (1996). J. Biol. Chem., 271, 29231–29237. Baldwin Jr AS. (1996). Annu. Rev. Immunol., 14, 649–683. Beg AA and Baltimore D. (1996). Science, 274, 782–784. observed in triple band-pass filter using Nikon-microphot epifluorescence microscope. To determine the percentage of cells showing apoptosis, four experiments in total were performed, and approximately 1000 cells were counted in each experiment. For flow cytometry, cells were lifted by using nonenzymatic cell dissociation medium (Sigma) and washed with PBS and stained with Hoechst (Ho342) and merocyanine (MC540) and analysed by flow cytometry using a FACStar Plus cell sorter as described (Ahmed et al., 1996).

Electrophoretic mobility shift assay (EMSA)

Nuclear extracts were prepared from untreated and treated cells and EMSA was preformed as described previously (Chendil et al., 2002) with some modification. Briefly, cells were scraped and washed with cold PBS and repelleted. The pellet was suspended in 1 ml of Icecold buffer A (10 mM HEPES pH 7.8, 2 mm MgCl₂, 10 mm KCl, 0.1 mm EDTA, 10 μg/ml of aprotinin, 0.5 μg/ml leupeptin, 3 mM PMSF and 3 mM dithiothreitol) for 5 min on ice. The crude nuclei were pelleted by centrifugation for 5 min. The crude nuclei pellet was suspended in $50 \,\mu l$ of buffer B (10 mm HEPES, pH 7.8, 2 mm MgCl₂, 10 mm KCl, 0.1 mm EDTA, 10 µg/ml of aprotinin, 0.5 μg/ml leupeptin, 3 mm PMSF, 3 mm dithiothreitol and 10% NP-40). After 20 min of incubation on ice, the suspension was centrifuged, and supernatant was collected. Equal volume of cold buffer C (50 mm HEPES, pH 7.4, 300 mm NaCl, 50 mm KCl, 0.1 mm EDTA, 3 mm PMSF, 3 mm DTT and 10% (v/v) glycerol) was added to the supernatant and incubated on ice for 5 min with intermittent vortexing. The extracts were then centrifuged for 10 min and the supernatant was divided into aliquots and frozen at -80°C.

Analysis of DNA binding by EMSA was performed using 2 mg of poly(dI-dC) (Sigma Chemical Co, St Louis, MI, USA) as nonspecific competitor DNA. The binding reactions contained $10\,000\,\text{c.p.m.}$ of $^{32}\text{P-labeled}$ double-stranded oligonucleotide probe with a high affinity for NF κ B binding (Promega, Madison, WI, USA). For supershift experiments, anti-p65 antibody was incubated with binding buffer and nuclear extract for 1 h prior to adding the oligo probe. Binding reactions were electrophoresed on a 4% PAGE in $0.5 \times$ TBE buffer to separate the bound and unbound probe.

Caspase activity

To measure the activity of caspases-3 and -9 in PC-3 cells, a fluorimetric assay was used according to the instruction of the manufacturer (Biovision, CA, USA). Briefly, cells were left untreated and treated either with curcumin or radiation or in combination. Cells were collected and resuspended in cold lysis buffer and incubated for 10 min on ice. In all, $50\,\mu$ l of $2\times$ reaction buffer wad added and incubated for 2 h at 37° C with fluorogenic substrates, DEVD-AFC (caspase-3) and LEHD-AFC (caspase-9) in a reaction buffer. The release of fluorocrome AFC was measured at 400 nm excitation and 505 nm emissions using a fluorescence spectrophotometer.

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Bhaumik S, Anjum R, Rangaraj N, Pardhasaradhi BV and Khar A. (1999). FEBS Lett., 456, 311-314.

Bierhaus A, Zhang Y, Quehenberger P, Luther T, Haase M, Muller M, Mackman N, Ziegler R and Nawroth PP. (1997). Thromb. Haemost., 77, 772-782.

- Brach MA, Hass R, Sherman ML, Gunji H, Weichselbaum R and Kufe D. (1991). J. Clin. Invest., 88, 691-695.
- Chen H, Zhang ZS, Zhang YL and Zhou DY. (1999). Anticancer Res., 19, 3675-3680.
- Chen HW and Huang HC. (1998). Br. J. Pharmacol., 124, 1029-1040.
- Chendil D, Das A, Dey S, Mohiuddin M and Ahmed MM. (2002). Cancer Biol. Ther., 1, 152-160.
- Cheng AL, Hsu CH, Lin JK, Hsu MM, Ho YF, Shen TS, Ko JY, Lin JT, Lin BR, Ming-Shiang W, Yu HS, Jee SH, Chen GS, Chen TM, Chen CA, Lai MK, Pu YS, Pan MH, Wang YJ, Tsai CC and Hsieh CY. (2001). *Anticancer Res.*, 21, 2895–2900.
- Dixon EP, Stephenson DT, Clemens JA and Little SP. (1997). Brain Res., 776, 222-229.
- Dong Z, Lavrovsky V and Colburn NH. (1995). Carcinogenesis, 16, 749-756.
- Dorai T, Cao YC, Dorai B, Buttyan R and Katz AE. (2001). Prostate, 47, 293-303.
- Earnshaw WC, Martins LM and Kaufmann SH. (1999). Annu. Rev. Biochem., 68, 383-424.
- Greenlee RT, Murray T, Bolden S and Wingo PA. (2000). CA Cancer J. Clin., 50, 7-33.
- Hallahan DE, Spriggs DR, Beckett MA, Kufe DW and Weichselbaum RR. (1989). Proc. Natl. Acad. Sci. USA, 86, 10104–10107.
- Hockenbery D, Nunez G, Milliman C, Schreiber RD and Korsmeyer SJ. (1990). *Nature*, 348, 334-336.
- Huang MT, Lou YR, Xie JG, Ma W, Lu YP, Yen P, Zhu BT, Newmark H and Ho CT. (1998). Carcinogenesis, 19, 1697–1700.
- Huang TS, Lee SC and Lin JK. (1991). *Proc. Natl. Acad. Sci. USA*, **88**, 5292–5296.
- Inayat MS, Chendil D, Mohiuddin M, Elford HL, Gallicchio VS and Ahmed MM. (2002). *Cancer Biol. Ther.*, **1**, 539–545. Janicke RU, Sprengart ML, Wati MR and Porter AG. (1998). *J. Biol. Chem.*, **273**, 9357–9360.
- Jee SH, Shen SC, Tseng CR, Chiu HC and Kuo ML. (1998). J. Invest. Dermatol., 111, 656-661.
- Jiang MC, Yang-Yen HF, Yen JJ and Lin JK. (1996). *Nutr. Cancer*, **26**, 111–120.
- Jobin C, Bradham CA, Russo MP, Juma B, Narula AS, Brenner DA and Sartor RB. (1999). J. Immunol., 163, 3474-3483.
- Juo P, Kuo CJ, Yuan J and Blenis J. (1998). Curr. Biol., 8, 1001-1008.
- Khar A, Ali AM, Pardhasaradhi BV, Begum Z and Anjum R. (1999). FEBS Lett., 445, 165-168.

- Kuida K, Haydar TF, Kuan CY, Gu Y, Taya C, Karasuyama H, Su MS, Rakic P and Flavell RA. (1998). *Cell*, **94**, 325–337.
- Kuo ML, Huang TS and Lin JK. (1996). Biochim. Biophys. Acta, 1317, 95-100.
- Mehta K, Pantazis P, McQueen T and Aggarwal BB. (1997).
 Anticancer Drugs, 8, 470-481.
- Mohandas KM and Desai DC. (1999). Indian J. Gastroenter-ol., 18, 118-121.
- Mow BM, Blajeski AL, Chandra J and Kaufmann SH. (2001). Curr. Opin. Oncol., 13, 453-462.
- Mukhopadhyay A, Bueso-Ramos C, Chatterjee D, Pantazis P and Aggarwal BB. (2001). Oncogene, 20, 7597-7609.
- Ohta T, Kinoshita T, Naito M, Nozaki T, Masutani M, Tsuruo T and Miyajima A. (1997). J. Biol. Chem., 272, 23111-23116.
- Piwocka K, Zablocki K, Wieckowski MR, Skierski J, Feiga I, Szopa J, Drela N, Wojtczak L and Sikora E. (1999). Exp. Cell Res., 249, 299–307.
- Plummer SM, Holloway KA, Manson MM, Munks RJ, Kaptein A, Farrow S and Howells L. (1999). Oncogene, 18, 6013-6020.
- Rao CV, Desai D, Rivenson A, Simi B, Amin S and Reddy BS. (1995). Cancer Res., 55, 2310-2315.
- Reed JC. (1997). Cell, 91, 559-562.
- Sentman CL, Shutter JR, Hockenbery D, Kanagawa O and Korsmeyer SJ. (1991). Cell, 67, 879-888.
- Sharma OP. (1976). Biochem. Pharmacol., 25, 1811-1812.
- Shaulian E and Karin M. (2002). Nat. Cell Biol., 4, E131-E136.
- Sikora E, Bielak-Zmijewska A, Piwocka K, Skierski J and Radziszewska E. (1997). Biochem. Pharmacol., **54**, 899-907.
- Singh AK, Sidhu GS, Deepa T and Maheshwari RK. (1996). Cancer Lett., 107, 109-115.
- Singh S and Aggarwal BB. (1995). J. Biol. Chem., 270, 24995– 25000.
- Tamatani M, Che YH, Matsuzaki H, Ogawa S, Okado H, Miyake S, Mizuno T and Tohyama M. (1999). J. Biol. Chem., 274, 8531-8538.
- Van Antwerp DJ, Martin SJ, Kafri T, Green DR and Verma IM. (1996). Science, 274, 787-789.
- Wang CY, Guttridge DC, Mayo MW and Baldwin Jr AS. (1999). Mol. Cell. Biol., 19, 5923-5929.
- Wang CY, Mayo MW and Baldwin Jr AS. (1996). Science, 274, 784-787.
- Wilkinson S, Gomella LG, Smith JA, Brawer MK, Dawson NA, Wajsman Z, Dai L and Chodak GW. (2002). *J. Urol.*, **168**, 2505–2509.